

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: ROBERTS, WILLIAM
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

171 7525
FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 7/29/2011 03:17 Date/Time of Autopsy: 8/2/2011
Pathologist/Resident: RAMPY/XU Service: TDC CONTRACT
Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Cardiovascular: Clinical history of hypertension, non-insulin dependent diabetes mellitus
- A. Heart, coronary arteries: Calcific atherosclerosis
 - 1. Left anterior descending coronary artery: 90% stenosis 1.5 cm from the origin A1,2
 - 2. Left circumflex coronary artery: 80% stenosis 2.0 cm from the origin A1,2
 - 3. Right coronary artery: 80% stenosis 1.0 cm from the origin A1,2
 - B. Heart, left and right ventricle: Dilated hypertrophy A3
 - C. Aorta, infrarenal: Severe atherosclerosis (80%) A3
 - D. Iliac artery, both common, external, internal: moderate to severe atherosclerosis A3
 - E. Kidney, bilateral: Arteriolonephrosclerosis A3
 - F. Common iliac vein, right: Venous filter cage A4
 - G. Lungs: Congestion (weight, right, 1230 gm, left, 790 gm)
 - 1. Lung, lower lobes, bilateral: Hemorrhagic infarcts A4
 - A. Lungs: Acute and organizing pneumonia A2
- II. Other findings:
- A. Kidney, right: Papillary renal cell carcinoma, minute A5
 - B. Clavicle, right: Bone growth stimulator A5
 - C. Skin, chest and back: Acute mucocutaneous candidiasis A5
 - D. Pituitary: Microadenoma A5

RECEIVED

JUL 05 2012 *cm*

COPIED AND SENT

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: ROBERTS, WILLIAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 1

Continued...
Plaintiffs' MSJ Appx. 7055

TDCJ 100655

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5883
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

CLINICAL SUMMARY:

The decedent is a 61-year-old White male TDCJ inmate with past medical history of hypertension, non-insulin dependent diabetes mellitus, unspecified chest pain, hyperlipidemia, seizures and bipolar disorder. On 06/30/2011 emergent care records indicate the patient was very weak and confused, with BP 134/88 mm/Hg, P 90, R 16, T 98, blood glucose 215 g/dl. Nursing notes indicate compliance with medication protocols are of concern as the patient relates that he is unaware when to go to the pill line and, moreover, that it is too far to walk. Notes further state he was given education as to the importance and routine for taking medications. The patient was administered Glucophage and was later discharged. His routine list of medications are recorded as: Norvasc (amlodipine, calcium channel blocker), Tegretol (carbamazepine), Benadryl, Vasotec (enalapril), Glucotrol (glipizide), Pamelor (Nortriptyline, TCA), Ditropan (oxybutynin), Dilantin (Phenytoin), K-DUR (Potassium Chloride), Pravachol (pravastatin), Inderal (propranolol), Risperdal (Risperidone) and Glucophage (metformin). On 7/11/2011 at 2335, the patient was found unresponsive on bed in his cell. His skin was noted as hot and dry. Obtained vital signs were: BP 65/38 mm/Hg, HR 151 (irregular), R 24 and T 104 degrees F. His blood glucose was 325 g/dl. The patient was transferred to local ER.

The patient was pronounced deceased at 0317 hours on 07/29/2011 in Conroe Regional Medical Center (medical record from Conroe Regional Medical Center were requested). A complete autopsy was performed on 08/02/2011.

YX /da
08/04/11

Patient Name: **ROBERTS, WILLIAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 2

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by an identification bracelet at the right wrist and a tag on the right great toe as "Roberts, William", is a well-nourished, well-developed, White male, measuring 185 cm in length, and weighing approximately 186 lbs according to recent medical records. The general appearance is consistent with the reported age of 61 years. The body is unclad. Rigor mortis is present in the bilateral upper and lower extremities and there is fixed lividity along the dorsal surfaces. The head is normocephalic with short (1.5 cm) dark brown scalp hair as well as a dark brown/black with grey short (~1.5 cm) moustache and beard.

The irides are brown with equal pupils measuring 0.4 cm in diameter. The corneas are clear, the conjunctivae are minimally congested and the sclerae are white. The nares are patent with no exudate. The patient is edentulous and wears no dental plates. Buccal membranes are pale with no gross lesions. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. There are numerous minute (< 0.2 cm), punctate brown minimally recessed pigmented lesions widely distributed along the skin of the anterior chest bilaterally. The abdomen is scaphoid. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The rostral skin of the back exhibits similar widely distributed brown pigmented lesions. Except as noted below, the arms are unremarkable. The left third finger is amputated with no associated nail. The leg girths are asymmetric. Leg circumference, 10 cm rostral to the medial malleolus is 22 cm for the left and 24 cm for the right. Measurements of the thigh, 15 cm rostral to the rostral patellar rim is 47 cm for the left and 58 cm for the right. The genitalia are normal circumcised male for the age.

The following evidence of medical intervention is present:

Skin, thorax, anterior and lateral aspects: 5 EKG pads.

Skin, left mid-clavicular region: A triple lumen central venous catheter is in place.

Skin, pinna, right: A pulse oximetry monitor is in place.

A Foley catheter is in place with 150 ml of thin, yellow urine in the collection bag.

Skin, left anterior forearm, distal: Two punctate puncture sites are positioned below a gauzed bandage.

The following marks/scars/tattoos are present:

Skin, right rostral chest: An oblique, irregular scar measures 8 x 5 cm.

Skin, right caudal anterolateral abdomen: A transverse, linear scar measures 10 cm in length.

Patient Name: **ROBERTS, WILLIAM**

Patient Location: **AUTOPSY**

Room/Bed: -

Printed Date / Time: 06/28/12 - 0808

Page: 3

Continued....

Plaintiffs' MSJ Appx. 7057

TDCJ 100657

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

Skin, legs, anterior: There are multiple, irregular scars which measure from 0.5 cm to 1.5 cm in greatest dimension.
Skin, left forearm, distal: Two dragon tattoos extend across the anterior and posterior aspects with the text "Preacher".
Skin, right forearm, posterior: An undetermined graphic tattoo includes the text "USMC".

INTERNAL EXAMINATION: The body is opened using a standard Y-shaped incision, to reveal a 2.5 cm thick panniculus. A subcutaneously implanted bone growth stimulator device is positioned along the shaft of right clavicle. The external surface of the device exhibits the text "BBI, osteogin, long bone, SN: 539561". The thoracic and abdominal organs are in the normal anatomic positions. The left and right pleural cavities contains 100 ml and 250 ml of bloody fluid, respectively.

The pericardial sac contains 15 ml of clear, thin yellow fluid. There are no rib fractures.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains minimal fluid. There are no peritoneal adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 590 gm (normal male 270-360). The heart is enlarged. The pericardium is smooth and glistening. There is a moderate amount of epicardial fat. The left and right coronary ostia are identified in the normal locations. The heart is examined by transverse serial slicing of four sections from apex and then opening following the flow of blood. The myocardium is homogeneous red/brown and no gross lesions are identified. The endocardium is smooth and semitranslucent. The left ventricular wall is 0.9 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 14 cm (normal 12-13 cm), pulmonic valve 9.5 cm (normal 8.5-9.0 cm), mitral valve 12 cm (normal 10.5-11.0 cm), and aortic valve 9.2 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is left dominant based on the origin of the posterior descending coronary artery. The apex is supplied by the left anterior descending coronary artery. The coronary arteries reveal severe atherosclerotic plaquing with up to 90% occlusion of the left anterior

Patient Name: **ROBERTS, WILLIAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 4

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

descending coronary artery positioned 1.5 cm from the origin, 80% maximal stenosis of the left circumflex coronary artery positioned 2 cm from the origin, and 80% maximal stenosis of the right coronary artery positioned 1 cm from the origin. There is no evidence of hemorrhage or rupture of the plaques. The aorta exhibits 50% surface area involved with plaques without ulceration. The infrarenal aortic segment exhibits 80 to 90% surface area involved with plaques. The celiac, superior and inferior mesenteric, and renal arteries are essentially unremarkable with minimal atherosclerosis. The bilateral iliac arteries exhibit up to 70% surface area with plaques. The superior and inferior venae cavae and their branches are normal. The portal vein is normal. A venous filter cage is discovered in the lumen of the right common iliac vein with no associated thrombus.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is pink/red and smooth with no gross lesions and the focal cords are normal. The tracheal mucosa is normal

Lungs: The right lung weighs 1230 gm (normal male 435), and the left 790 gm (normal male 385). The pleural surfaces are smooth and glistening and the right lower lobe exhibits irregular, patchy dark red territories (which range from 3 x 3 to 8 x 7 cm) along the surface. Below the the pleural surface of the left lower lobe, 2 similar dark red regions (2 x 2 cm, each) is noted. Lividity is present along the dorsal surfaces. The right lung is inflated with formalin before sectioning and the left lung is examined unfixed. Hilar dissection reveals the bronchial and vascular trees to be of normal configuration. The hilar lymph nodes are normal. The lungs are sectioned to reveal dark pink/red parenchyma with a fine porosity and several, peripheral essentially wedge-shaped areas with dark red, apparent congestion or frank hemorrhage.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan/pink, smooth and glistening. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains 20 ml of green/tan viscous chyme. The wall displays attenuated rugae and the mucosa is tan without lesions. The duodenum has a tan, glistening mucosa with normal plical pattern without gross lesions.

Pancreas: The pancreas has a normal conformation of head and tail. The parenchyma is grey/tan, normally normally lobulated and firm. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary tract: The gallbladder serosa is grey/green and glistening. The

Patient Name: **ROBERTS, WILLIAM**
 Patient Location: **AUTOPSY**
 Room/Bed: -
 Printed Date / Time: 06/28/12 - 0808

Page: 5

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

gallbladder contains 100 ml of dark green mildly viscous bile with no calculi. The mucosa is grey, velvety without gross lesions and the wall measures up to 0.2 cm thick. The cystic duct, hepatic duct, and common duct are normal and bile is expressed freely from the ampulla upon compression of the gallbladder.

Liver: The liver weighs 1530 gm (normal male 1400-1900). Glisson's capsule is semitranslucent and the surface contours are dark tan/pink, smooth and homogeneous. The liver is serially sliced to reveal a homogeneous dark tan/pink lobular pattern throughout.

Small Bowel: The serosa is smooth, glistening and with no adhesions. The bowel is of normal caliber throughout. The lumen contains a small amount of grey/green viscous fluid. The wall thickness measures up to 0.3 cm and the mucosa is tan, glistening and without gross lesions.

Large bowel: The serosa is smooth, glistening and with no adhesions. The bowel is of normal caliber throughout. The lumen contains abundant well-formed stool. The wall is 0.3 cm thick. The mucosa is tan, glistening and without gross lesions.
 The appendix is surgically absent.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 110 gm (normal 125-195 gm) and the capsule is grey/blue and semitranslucent without capsular fibrosis. The spleen is semi-firm with red/purple parenchyma and cut surfaces ooze blood.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are of normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are essentially symmetric. The right kidney weighs 210 gm and the left 230 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red, finely granular cortical surfaces. The renal cut surfaces reveal well-demarcated cortico-medullary junctions. A single, spherical (2 cm diameter) subcapsular mass is positioned at the rostral pole of right kidney. The cut surface of the mass reveals a homogeneous tan/yellow and soft throughout with grossly apparent pushing

Patient Name: **ROBERTS, WILLIAM**
 Patient Location: **AUTOPSY**
 Room/Bed: .
 Printed Date / Time: 06/28/12 - 0808

Page: 6

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

borders. The pelves and calyces are normal. The renal pelvic mucosa is minimally congested. Perihilar adipose tissue is scant.

Ureters: The ureters are of normal throughout their length, measuring 0.4 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is dilated, mildly trabeculated and multiple, small (0.2 cm) diverticula are identified. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals granular surfaces with a subtle nodular pattern. Two small (0.2 cm diameter), periurethral hemorrhagic foci are observed. The seminal vesicles are normal.

Testes: The right testis weighs 24.8 gm, and the left 24.8 gm (normal 20-25 gm). The tunica albugineas are white/tan, smooth and glistening. The cut surfaces reveal soft tan/yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 27.7 gm (normal 10-22 gm), and is red/brown, bosselated and glistening. The cut surface is homogeneous, translucent, red/brown throughout. A small (0.3 cm), firm, tan mineralized nodule is positioned at the left rostral pole.

Parathyroids: Five gold/brown, soft fragments of tissue are collected as possible parathyroids.

Adrenal glands: The right adrenal gland weighs 10.2 gm and the left 10.3 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in the transverse plane reveals yellow/brown cortices, with grey, soft medullae.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1650 gm (normal male 1200-1400). The gyri and sulci display a normal pattern with minimal atrophy. The leptomeninges are unremarkable. The circle of Willis, basilar and vertebral arteries exhibit moderate atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for

Patient Name: **ROBERTS, WILLIAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 7

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5883
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

subsequent examination by a neuropathologist.

Blood and vitreous samples were retained for potential further testing.
 Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

YX /da
 08/03/11

Patient Name: **ROBERTS, WILLIAM**
 Patient Location: **AUTOPSY**
 Room/Bed: .
 Printed Date / Time: 06/28/12 - 0808

Page: 8

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

MICROSCOPIC DESCRIPTION:

TESTES, Slides 1 and 2 (2 H&E): Autolysis. Mild seminiferous tubular thickening and sclerosis.

ADRENAL GLANDS, Slides 1 and 2 (2 H&E): Autolysis. Focal medullary hemorrhage.

THYROID, Slide 3 (1 H&E): No pathologic change.

TONGUE, Slide 3 (1 H&E): No pathologic change.

LIVER, Slide 4 (1 H&E, 1 GMS): Severe autolysis. Numerous, coarse, mineralized deposits within portal triads and vessels, of unknown significance.

SPLEEN, Slide 4 (1 H&E): Congestion. No pathologic change.

PANCREAS, Slide 5 (1 H&E, GMS): Severe autolysis.

SKIN, CHEST, Slide 5 (1 H&E, 1 GMS, 1 PAS): Hyperkeratosis and small cyst-like spaces within or subjacent to the stratum corneum which contain keratin and budding yeast. Staining with GMS and PAS suggest organisms are most consistent with Candida albicans.

KIDNEYS, Slides 6 and 7 (2 H&E, 2 GMS): Widely distributed globally sclerosed glomeruli and abundant coarse, brown granular pigment in tubules and the interstitium. A remote granuloma (2 cm) with a fibrous capsule and coarse brown pigment at the periphery surrounds a central core of amorphous material and innumerable, minute scattered refractile structures which likely reflect cellular debris. A minute focus (0.3 cm) of papillary renal cell carcinoma is noted within a fibromembranous capsule.

URINARY BLADDER, Slide 8 (1 H&E): No pathologic change.

PROSTATE, Slide 8 (1 H&E): Marked congestion. Multifocal territories of periureteral intrastromal hemorrhage and frank hemorrhagic necrosis is noted without associated inflammatory infiltrate.

ESOPHAGUS, Slide 9 (1 H&E): Mild subepithelial mixed inflammatory infiltrate of uncertain significance.

STOMACH, Slide 9 (1 H&E): Autolysis. No pathologic change.

GALLBLADDER, Slide 9 (1 H&E): Severe autolysis.

ILEUM, Slide 10 (1 H&E): Autolysis. No pathologic change.

Patient Name: **ROBERTS, WILLIAM**
 Patient Location: **AUTOPSY**
 Room/Bed: -
 Printed Date / Time: 06/28/12 - 0808

Page: 9

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: ROBERTS, WILLIAM
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

MICROSCOPIC DESCRIPTION:

COLON, Slide 10 (1 H&E): Autolysis. No pathologic change.

HEART, Slides 11-17, (7 H&E, 1 GMS) (consultation: Dr. Paul Boor):
In the anterior, lateral, and posterior left ventricle, there are areas of focal acute necrosis with wavy fibers and contraction bands suggestive of acute ischemic change. There are diffuse territories of patchy fibrosis, scattered paucicellular collagenous plaques which involve the left ventricular subendocardium and myocardium. The fibromembranous scars vary in age and size. Several fields reveal, trapped, surviving myocardial fibers within the connective tissue of fibromembranous scars. No pathologic change is observed in the right ventricle.

LUNGS, Slides 18 through 22 (5 H&E, 2 GMS): Autolysis. Regional, marked, intra-alveolar hemorrhage is observed across several lung fields, bilaterally. In and around these areas can be identified foci of acute and organizing pneumonia with occasional dissolution of alveolar septae as well as adjacent rims of fibromembranous and granulation tissue. Several mineralized deposits of coarse material are widely distributed and GMS staining only yields background patterns with no evident organisms.

PULMONARY ARTERY, Slide 23 (1 H&E): Blood clot.

EXTERNAL ILIAC ARTERY, RIGHT, Slide 24 (1 H&E): Blood clot.

PARATHYROID GLANDS, Slide 25 (1 H&E, 1 GMS): Three sections of lymph node with no pathologic change. One section of thyroid tissue exhibits a central, ill-defined granuloma with numerous coarse, mineralized deposits and no certain evidence of organisms. In tissue around the granuloma are numerous foci of lymphoplasmacytic infiltrate.

CORONARY ARTERY, LEFT ANTERIOR DESCENDING, Slide 26 (1 H&E): A mineralized plaque results in an approximate 90% stenosis.

CORONARY ARTERY, LEFT CIRCUMFLEX, Slide 27 (1 H&E): A mineralized plaque results in an approximate 80% stenosis.

CORONARY ARTERY, RIGHT, Slide 28 (1 H&E): A mineralized plaque results in an approximate 80% stenosis.

VERTEBRA, Slide 29, (1 H&E): Cellularity is 50%. Myeloid, erythroid, and thrombocytic lineages are identified.

YX /da

Patient Name: ROBERTS, WILLIAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 10

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted : 08/02/11 0831
Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5883
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

MICROSCOPIC DESCRIPTION:

08/29/11

Patient Name: **ROBERTS, WILLIAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 11

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5883
Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00159

CLINICAL HISTORY:

The decedent was a 61 year old white male TDCJ inmate with past medical history of hypertension, non-insulin dependent diabetes mellitus, seizures and bipolar disorder. He was transported from his unit to Conroe Regional Medical Center where he was pronounced dead at 03:17 hours on 7/29/2011 (medical records from Conroe Medical Center is pending). A complete autopsy was performed on 8/2/2011.

At autopsy, the coronary arteries demonstrated calcific atherosclerosis involving left anterior descending, left circumflex and right coronary arteries. The heart revealed left and right ventricle dilation. There was moderate to severe atherosclerosis involving infrarenal aortic segment and iliac arteries. The kidneys showed marked arteriolonephrosclerosis. The cause of death is pending microscopic examination.

PATHOLOGIST/RESIDENT: RAMPY/XU

GROSS DESCRIPTION:

Submitted for neuropathologic examination are brain (unfixed weight 1210 g), spinal cord with spinal dura (length 28 cm, conus medullaris and filum terminale present), and pituitary gland.

External examination reveals the brain to be intact and normally developed with mild fibrotic opacification of the convexity leptomeninges. There is no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, atrophy, swelling or herniation. The major cerebral arteries have moderate, non-occlusive atherosclerosis. The circle of Willis has a normal symmetric pattern, and no aneurysms or other malformations are identified.

The hemispheres are sliced coronally, revealing normal anatomic development and mild dilation of the cerebral ventricles. A cavum of the anterior septum pellucidum is present. The cortical ribbon is normal in thickness and appearance, the cerebral white matter is normally myelinated, and the gray-white junction is distinct throughout. No gross lesions are identified in the hemispheres. The brainstem and cerebellum are separated through the cerebellar peduncles, and the cerebellum is sliced sagittally and the brainstem transversely. Both structures are normally developed, and have normal pigmentation of substantia nigra and locus ceruleus. There is no evidence of gross lesions in the posterior fossa structures.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage. The spinal cord is sliced transversely at 0.5 to 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is intact and normally developed, without external

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: **ROBERTS, WILLIAM**
AUTOPSY

Page:

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
 University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00159

GROSS DESCRIPTION:

hemorrhages or other lesions. The horizontal cut surface reveals normal anterior and posterior lobes, and no evidence of internal lesions.

Photographs made during gross brain examination: none.

DICTATED BY: GERALD A. CAMPBELL, M.D., PATHOLOGIST
 06/25/12

SECTIONS TAKEN:

B1: Pituitary gland; B2: Right frontal, area 8; B3: Right basal ganglia; B4: Right hippocampus; B5: Right cerebellum.

FINAL DIAGNOSES:**A. Brain (weight 1210 g):**

1. Cerebral ventricles: Mild dilation
2. Cerebral arteries, major: Atherosclerosis, moderate, non-occlusive
3. Cerebellum: Marked Purkinje neuron loss, chronic and acute

B. Spinal cord and spinal dura (28 cm caudal segment):

1. No abnormalities

C. Pituitary gland:

1. Anterior lobe: Microadenoma, chromophobe type (0.2 cm maximal diameter)

COMMENTS:

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

GERALD A. CAMPBELL, M.D., PATHOLOGIST
 Division of Neuropathology .

Patient Name:
 Patient Location:
 Room/Bed:

Printed Date / Time: 06/28/12 - 0810
ROBERTS, WILLIAM
AUTOPSY

Page:

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5883
Pathology Report

Gross: 06/25/12
Final: 06/25/12

(Electronic Signature)

Patient Name:
Patient Location:
Room/Bed:
Printed Date / Time: **ROBERTS, WILLIAM**
AUTOPSY Page:

Patient Account: 20005972-517
Med. Rec. No.: (0150)1717525
Patient Name: **ROBERTS, WILLIAM**
Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/02/11 0831
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

CLINICOPATHOLOGIC CORRELATION:

The decedent is a 61-year-old White male TDCJ inmate with past medical history of hypertension, non-insulin dependent diabetes mellitus, unspecified chest pain, hyperlipidemia, seizures and bipolar disorder. On 06/30/2011 emergent care records indicate the patient was very weak and confused, with BP 134/88 mm/Hg, P 90, R 16, T 98, blood glucose 215 g/dl. Nursing notes indicate compliance with medication protocols are of concern as the patient relates that he is unaware when to go to the pill line and, moreover, that it is too far to walk. Notes further state he was given education as to the importance and routine for taking medications. The patient was administered Glucophage and was later discharged. His routine list of medications are recorded as: Norvasc (amlodipine, calcium channel blocker), Tegretol (carbamazepine), Benadryl, Vasotec (enalapril), Glucotrol (glipizide), Pamelor (Nortriptyline, TCA), Ditropan (oxybutynin), Dilantin (Phenytoin), K-DUR (Potassium Chloride), Pravachol (pravastatin), Inderal (propranolol), Risperdal (Risperidone) and Glucophage (metformin). On 7/11/2011 at 2335, the patient was found unresponsive on bed in his cell. His skin was noted as hot and dry. Obtained vital signs were: BP 65/38 mm/Hg, HR 151 (irregular), R 24 and T 104 degrees F. His blood glucose was 325 g/dl. The patient was transferred to local ER.

The patient was pronounced deceased at 0317 hours on 07/29/2011 in Conroe Regional Medical Center (medical record from Conroe Regional Medical Center were requested). A complete autopsy was performed on 08/02/2011.* At autopsy, gross and histopathologic examination revealed profound heart disease with severe three-vessel calcific atherosclerosis, involving left anterior descending artery, right coronary artery and circumflex artery and branches. Moreover, the heart exhibited marked cardiomegaly (590 gm) with left and right ventricular dilated hypertrophy. Specifically, the left anterior descending coronary artery exhibited 90% maximal stenosis, while the left circumflex and right coronary arteries both revealed 80% maximal stenosis. Of related significance, whereas no gross lesions were noted, microscopic examination revealed focal areas of myocyte necrosis and patchy fibrosis interspersed among surviving myocytes. The acute ischemic damage included early coagulation necrosis and contraction-band necrosis within subendocardium and left ventricular myocardium.

Thorough examination of the lungs reveals further significant pathology. Gross inspection revealed several dark red areas of lung parenchyma. Microscopic examination exhibited multiple territories of frank intra-alveolar hemorrhage involving the lower lobes of both lungs. These, essentially wedge-shaped, peripheral lesions most certainly reflect regional hemorrhagic infarcts, likely weeks old and secondary to deep venous thromboses (identified venous filter) and established lower extremity girth discrepancy. In and around these pulmonary lesions are scattered foci of acute and organizing pneumonia.

Patient Name: **ROBERTS, WILLIAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/28/12 - 0808

Page: 12

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1717525
 Patient Name: **ROBERTS, WILLIAM**
 Age: 62 YRS DOB: 10/21/49 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/02/11 0831
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00159

CLINICOPATHOLOGIC CORRELATION:

Several additional incidental observations at autopsy were noted. Remote granulomatous lesions were identified in thyroid tissue and the right kidney. Numerous microscopic features suggest a remote fungal infection, yet such organisms are not identified. Near the right renal granuloma, was discovered a minute focus of papillary renal cell carcinoma. Previously noted small, punctate skin lesions of the chest and back were determined through microscopic examination to reflect acute mucocutaneous candidiasis. A small pituitary adenoma was discovered with histopathologic examination by a neuropathologist.

The severe coronary artery disease for this patient is most certainly a complication of his clinically established history of hypertension, diabetes mellitus, and hyperlipidemia. Accordingly, the observed widely distributed subendocardial and myocardial ischemic damage is most certainly the consequence of the advanced coronary atherosclerosis. Focal ischemic necrosis, as observed with this patient are less than 2 cm each and are likely not caused by acute occlusion of the coronary arteries, but rather by regional hypoperfusion. The smaller size and temporal heterogeneity of the focal ischemic lesions for the decedent then are the consequence of the inconsistent and insufficient flow a chronically hypoperfused myocardium. The smaller ischemic necroses may not be recognized clinically, yet the heart sustains a significant cumulative insult over time. In this setting, the heart undergoes compensatory hypertrophy and dilation, and, in many instances, the patient dies unexpectedly as a result of this occult process. The sudden cardiac death frequently involves regional myocardial ischemia that induces a fatal ventricular arrhythmia.

In summary, the cause of death for this decedent is severe calcific coronary atherosclerosis. The manner of death is natural.

YX /da
 08/29/11

BILL A. RAMPY, D.O., PhD

(Electronic Signature)

06/26/12

Patient Name: **ROBERTS, WILLIAM**
 Patient Location: **AUTOPSY**
 Room/Bed: -
 Printed Date / Time: 06/28/12 - 0808

Page: 13

END OF REPORT

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

163 8679
FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
Date/Time of Death: 8/3/2011 20:40 Date/Time of Autopsy: 8/5/2011
Pathologist/Resident: DIVATIA/RAMPY Service: TDC CONTRACT
Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Clinical history of acute respiratory compromise with fever, leukocytosis and bilateral opacities as determined by chest x-ray
- A. Lungs: Acute and organizing, hemorrhagic aspiration pneumonia A1
- II. Additional findings:
- A. Thyroid: Microfollicular adenoma A5
B. Prostate: Chronic prostatitis, focal A5
C. Liver: Microvesicular steatosis A5

RECEIVED

JUN 24 2012 Cm

COPIED AND SENT

***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: SWANSON, ADAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 1

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

CLINICAL SUMMARY:

The decedent is a 41-year-old Caucasian male TDCJ inmate who, on 08/02/2011, was found unresponsive on the floor of his cell. At initial assessment, noted as not breathing and without a pulse, cardiopulmonary resuscitation was initiated. The patient was successfully resuscitated with a resultant rapid cardiac rhythm, with transient hypotension following intubation. His blood pressure subsequently normalized after administration of fluids and dopamine. His initial chest x-rays exhibited extensive left-sided pneumonia and he was noted to have a high-grade fever. Later the same day, the patient was transferred to East Texas Medical Center in Jacksonville for intensive care unit services. Following admission, he was treated with inhaled bronchodilators, intravenous antibiotics, intravenous fluid support and additional supportive measures. Subsequent care notes indicate that he remained in respiratory compromise, with follow-up chest x-ray indicating increased opacities through the right lung and no improvement of the left. He remained febrile (up to 106 degrees F), with a leukocytosis and a respiratory gram stain exhibited gram positive cocci in pairs and chains. His status continued to deteriorate and developed asystole by cardiac monitor. An emergent code was initiated, yet cardiorespiratory resuscitation efforts were unsuccessful and the patient was pronounced dead at 2040 08/03/2011.

BAR/da
06/15/12

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 2

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: SWANSON, ADAM
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by a tag on the left great toe as "Adam Swanson", is a well-nourished, well-developed, white male, measuring 170 cm in length, and weighing approximately 200 lbs according to recent medical records. The general appearance is consistent with the reported age of 42 years. Rigor mortis is present in the upper and lower extremities and there is fixed lividity along the dorsal surfaces. The head is normocephalic with short (1.2 cm) brown scalp hair with incomplete central male pattern baldness.

The pupils are equal and measure 0.3 cm in diameter. The corneas are clouded, the conjunctivae are minimally congested and the sclerae are white. The nares are patent with minimal dried blood in and around the vestibule. Dentition is adequate. Buccal membranes are pale without lesions. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is moderately protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

Except as noted below, the back, arms and legs are normal. The genitalia are normal circumcised male for the age.

The following evidence of medical intervention is present:

1. Endotracheal tube is in place
2. Nasogastric tube is in place
3. Left-sided triple-lumen central line is in place
4. Foley catheter is in place
5. Single lumen intravenous line is in place at the antecubital fossa of the left arm
6. Gauze bandage over punctate puncture site at the antecubital fossa of the right arm
7. Four EKG electrodes are positioned at the anterior chest wall and upper abdomen

The following marks and scars are present:

1. Skin, left knee, anterior: A transverse linear abrasion measure 4 x 0.8 cm.
2. Skin, back, caudomedial: A patch of small (< 1 cm), superficial skin slippage measures up to 7 x 2 cm in aggregate.

INTERNAL EXAMINATION: The body is opened using a standard Y-shaped incision, to reveal a 6 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The right and left pleural cavities contain 30 and 40 ml of thin, serous fluid respectively. The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries. The

Patient Name: SWANSON, ADAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 3

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5883
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

GROSS DESCRIPTION:

peritoneum and pericardial sac contain minimal thin, serous fluid. There are no peritoneal adhesions. The height of the left diaphragm is at the ninth intercostal space in the mid axillary line.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 380 gm (normal male 270-360 gm). The pericardium is smooth and glistening. The heart is examined by transverse serial slicing; opening following the flow of blood. The myocardium is homogeneous red/brown with no gross lesions. The endocardium is smooth and translucent. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.7 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.4 cm (normal 12-13 cm), pulmonic valve 8.7 cm (normal 8.5-9.0 cm), mitral valve 11.5 cm (normal 10.5-11.0 cm), and aortic valve 8.6 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is left dominant based on the origin of the posterior descending artery. The apex is supplied by the left coronary artery. The coronary arteries reveal minimal atherosclerotic plaquing without significant stenosis. No evidence of hemorrhage or thrombosis of the plaques is identified. The aorta exhibits minimally elevated, fatty streaks without ulceration or friable calcifications. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior venae cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is pink/red and smooth with no lesions and vocal cords are normal. The tracheal mucosa is tan, glistening and mildly congested.

Lungs: The right lung weighs 1050 gm (normal male 435 gm), and the left 950 gm (normal male 385 gm). The pleural surfaces are geographically pink/dark red throughout with moderate anthracotic pigment. Lividity is dorsal. The left lung is inflated with formalin before sectioning and the right lung is examined unfixed. Hilar dissection of the lungs reveals the bronchial and vascular trees to be of normal configuration and appearance. Gross sectioning and examination of the lungs reveal purple/red parenchyma with several widely distributed regions of marked congestion or localized parenchymal hemorrhage. The hilar nodes are unremarkable.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is tan/pink and unremarkable. The esophagus is firmly anchored to the diaphragm.

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 4

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: SWANSON, ADAM
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

GROSS DESCRIPTION:

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains approximately 30 ml of dark brown viscous fluid and partially digested food particles. The wall displays flattened rugae with minimal plical pattern with scattered petechial hemorrhage. The duodenal exhibits a tan, glistening mucosa without gross lesions.

Pancreas: The pancreas has a normal conformation of head and tail. It is grey/pink, normally lobulated and semi-firm. The pancreatic duct is patent. The pancreas cuts without a gritty sensation.

Biliary tract: The gallbladder serosa is grey/green and glistening. The gallbladder contains approximately 15 ml of dark green mildly viscous bile and no calculi. The mucosa is essentially smooth and green/tan. The wall measures up to 0.3 cm thickness, and is unremarkable. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla upon compression of the gallbladder.

Liver: The liver weighs 1650 gm (normal male 1400-1900 gm). Glisson's capsule is semi-translucent and the surface contours are smooth and red/brown. The liver is serially sliced to reveal firm cut surfaces with a homogeneous red/brown lobular parenchymal pattern with no gross lesions.

Small Bowel: The serosa is tan, smooth and glistening with no adhesions. The bowel lumen contains a minimal amount of tan/yellow, viscous material. The wall thickness measures up to 0.3 cm and the mucosa is tan and unremarkable.

Large bowel: The serosa is tan, smooth and glistening with no adhesions. The bowel lumen contains a moderate amount of tan/brown, soft stool. The wall measures up to 0.6 cm thick. The mucosa is tan and exhibits no gross lesions.

The appendix is grossly normal.

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 200 gm (normal 125-195 gm) and the capsule is grey/blue and semi-translucent without capsular fibrosis. Serial slices reveal semi-firm dark purple parenchyma with no gross lesions.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Patient Name: SWANSON, ADAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 5

Continued....

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
 Med. Rec. No.: (0150)413394P
 Patient Name: **SWANSON, ADAM**
 Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/05/11 0918
 Copies to :

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00162

GROSS DESCRIPTION:

Spine: The spine is unremarkable.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are of normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are essentially symmetric. The right and left kidneys weigh 160 gm and 170 gm respectively (normal male 125-170 gm). The capsules strip with ease to reveal dark red/brown cortical surfaces. Serial slicing reveals well-demarcated cortico-medullary junctions. The cortices are 0.6 cm thick and the medullae 1.7 cm thick. The pelvis and calyces are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is decreased.

Ureters: The ureters are not obstructed, do not exhibit periureteral fibrosis and are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder wall is of normal thickness and the mucosa is tan/white, glistening with scattered petechial hemorrhage. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right and left testes weigh 31.8 and 30.2 gm respectively (normal 20-25 gm). The tunica albugineae are tan/white, smooth and glistening. The cut surfaces are soft and tan/yellow, with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 18.5 gm (normal 10-22 gm), and is red/brown, bosselated and glistening. The cut surface is homogeneous red/tan, translucent throughout.

Adrenal glands: The right and left adrenal gland weigh 6.1 and 6.4 gm respectively (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in a transverse plane reveals yellow/brown cortices with grey, soft medullae.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1320 gm (normal male 1200-1400 gm). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges are normal. The circle of Willis, basilar and vertebral arteries exhibit only minimal atherosclerosis. No indentation/herniation of the cingulate gyri, unci or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

Patient Name: SWANSON, ADAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 6

Continued...

ATTORNEYS EYES ONLY

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

GROSS DESCRIPTION:

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy blood and vitreous samples were retained for potential further testing. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

BAR/da
08/16/11

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 7

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

MICROSCOPIC DESCRIPTION:

SPLEEN, Slide 1 (1 H&E): No pathologic change.

PANCREAS, Slide 2 (1 H&E): Autolysis. No pathologic change.

KIDNEYS, Slides 3 and 4 (2 H&E): Autolysis. Congestion with occasional foci of intraparenchymal hemorrhage and rare globally sclerosed glomeruli.

THYROID, Slide 5 (1 H&E): A small (0.3 cm), well-demarcated, microfollicular nodule with a very thin capsule is identified within otherwise unremarkable parenchyma.

TESTIS, Slide 6 (1 H&E): No pathologic change.

ADRENAL GLAND, Slide 6 (1 H&E): Autolysis. No pathologic change.

PROSTATE, Slide 7 (1 H&E): Autolysis. Focal chronic prostatitis.

LIVER, Slide 8 (1 H&E): Marked congestion and microvesicular steatosis.

VERTEBRA, Slide 9 (1 H&E): Normocellular trilineage hematopoietic marrow. Bone trabeculae appear normal.

HEART, Slides 10 through 12 (3 H&E): No pathologic change.

ILEUM, Slide 13 (1 H&E): Autolysis. No pathologic change.

COLON, Slide 14 (1 H&E): Autolysis. No pathologic change.

LUNGS, Slides 15 through 25 (10 H&E): Widely distributed, nodular pattern of bronchopneumonia rich in neutrophils and with numerous abscesses and extensive intra-alveolar hemorrhage is present across most bilateral lung sections. Several affected areas also exhibit focal dissolution of alveolar septa and bacterial colonies (clusters of dark blue cocci). Many such regions exhibit pluses, or food particles, both vegetable and skeletal muscle fragments in various states of degeneration. Many of these aspirated particles are observed within purulent exudate and occasionally associated with giant cells. Numerous food particles are also observed within polyps of organizing pneumonia in the alveolar spaces.

Toxicologic Analysis of heart blood:

Alcohol - Volatiles - Negative
Acetaminaphen - Positive - 22 mcg/mL
Amphetamines - None Detected
CNS Stimulants - None Detected

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 8

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: SWANSON, ADAM
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

MICROSCOPIC DESCRIPTION:

Citalopram - Positive - 260 ng/mL
Barbiturates - None Detected
Carisoprodol/Meprobamate - None Detected
Methadone - None Detected
Benzodiazepines - None Detected
Alprazolam - None Detected
Clonazepam - None Detected
Nordiazepam - None Detected
Diazepam - None Detected
Flurazepam - None Detected
Flunitrazepam - None Detected
Lorazepam - None Detected
Midazolam - None Detected
Oxazepam - None Detected
Temazepam - None Detected
Triazolam - None Detected
Chlordiazepoxide - None Detected
Nitrazepam - None Detected
Prazepam - None Detected
Cannabinoids (Marijuana) - None Detected
Cocaine Metabolite - None Detected
Opiates - None Detected
Meperidine - None Detected
Fentanyl Analogues - None Detected
Propoxyphene - None Detected
Fentanyl Group - None Detected
Pentazocine - None Detected
Phenothiazines - None Detected
Salicylates - None Detected
Tricyclic Antidepressants - None Detected
Atypical Antidepressants - None Detected
Antipsychotics - Positive
Risperidone - Positive - 1.2 ng/mL
alpha-hydroxy-Risperidone - None Detected
Miscellaneous - None Detected
Lidocaine - None Detected

BAR/BAR
06/13/12

Patient Name: SWANSON, ADAM
Patient Location: AUTOPSY
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 9

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

CLINICOPATHOLOGIC CORRELATION:

The decedent is a 41-year-old Caucasian male TDCJ inmate who, on 08/02/2011, was found unresponsive on the floor of his cell. At initial assessment, noted as not breathing and without a pulse, cardiopulmonary resuscitation was initiated. The patient was successfully resuscitated with a resultant rapid cardiac rhythm, with transient hypotension following intubation. His blood pressure subsequently normalized after administration of fluids and dopamine. His initial chest x-rays exhibited extensive left-sided pneumonia and he was noted to have a high-grade fever. Later the same day, the patient was transferred to East Texas Medical Center in Jacksonville for intensive care unit services. Following admission, he was treated with inhaled bronchodilators, intravenous antibiotics, intravenous fluid support and additional supportive measures. Subsequent care notes indicate that he remained in respiratory compromise, with follow-up chest x-ray indicating increased opacities through the right lung and no improvement of the left. He remained febrile (up to 106 degrees F), with a leukocytosis and a respiratory gram stain exhibited gram positive cocci in pairs and chains. His status continued to deteriorate and developed asystole by cardiac monitor. An emergent code was initiated, yet cardiorespiratory resuscitation efforts were unsuccessful and the patient was pronounced dead at 2040 08/03/2011.

Autopsy revealed the presence of bilateral, widely distributed necrotizing and hemorrhagic pneumonia. The nodular pattern of pneumonia, rich in neutrophils with numerous abscesses was observed across most sampled lung sections. Several affected areas also exhibit focal dissolution of alveolar septa and bacterial colonies (clusters of dark blue cocci). Many such regions exhibit pluses, or food particles, both vegetable and skeletal muscle fragments in various states of degeneration. Many of these aspirated particles are observed within purulent exudate and occasionally associated with giant cells. Numerous food particles are also observed within polyps of organizing pneumonia in the alveolar spaces. Medical records relate the patient has a clinical diagnosis of shizoffective disorder and routine TDCJ medications included Citalopram 40 mg and risperidone 3 mg each evening. Toxicologic anaocysis of heart blood at autopsy indicate reported levels do not reflect values within reported toxic ranges (1). Incidental findings at autopsy included a small microfollicular thyroid adenoma, diffuse hepatic microsteatosis (of unknown origin or significance) and focal, chronic prostatitis.

In summary, the cause of death is acute and organizing, hemorrhagic aspiration pneumonia. The manner of death is natural.

REFERENCE:

1. Disposition of Toxic Drugs and Chemicals in Man, 8th Edition, 2008, Biomedical Publications, Foster City, CA.

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page: 10

Continued....

Patient Account: 20005972-517
Med. Rec. No.: (0150)413394P
Patient Name: **SWANSON, ADAM**
Age: 42 YRS DOB: 12/19/69 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date/Time Admitted: 08/05/11 0918
Copies to:

UTMB
University of Texas Medical Branch
Galveston, Texas 77555-0543
(409) 772-1238
Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00162

CLINICOPATHOLOGIC CORRELATION:

BAR/BAR
06/14/12

BILL A. RAMPY, D.O., PhD
BILL A. RAMPY, D.O., PhD
06/15/12

(Electronic Signature)

Patient Name: **SWANSON, ADAM**
Patient Location: **AUTOPSY**
Room/Bed: -
Printed Date / Time: 06/15/12 - 1415

Page:

END OF REPORT